

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550397

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							S1					
2		/						S2					
3		/						S3					
4		/						S4					
5		/						S5					
6		/						S6					
7		/						S7					
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12	/							S12					
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45								S45					
46								S46					
47								S47					
48								S48					
49								S49					
50								S50					
TOTAL IND.	4							TOTAL IND.					
TOTAL DEP.	23							TOTAL DEP.					
TOTAL CLAIMS	27							TOTAL CLAIMS					